New Jersey Department of Health and Senior Services
Health Insurance Continuation Program
PO Box 363
Trenton, NJ 08625-0363

FOR STATE USE ONLY
Record #
FEIN #
☐ W9 ☐ VCH ☐ Vendor Maintenance

HEALTH INSURANCE INFORMATION

Name	Social Security Number
Street Address	
City, State, Zip Code	

BEFORE WE CAN BEGIN MAKING YOUR INSURANCE PAYMENTS, WE MUST HAVE YOUR ORIGINAL PREMIUM NOTICE(S) FROM YOUR INSURANCE COMPANY, EMPLOYER/FORMER EMPLOYER/UNION THAT INCLUDES INFORMATION ON PREMIUM AMOUNTS, WHEN PAYMENTS ARE DUE, AND WHERE PAYMENTS SHOULD BE SENT.

I hereby authorize having future premium notices sent to the HICP, PO Box 363, Trenton, NJ 08625-0363.

Signature _____ - Date _____

1. Type of Insurance Coverage; ☐ Individual ☐ Group ☐ COBRA
   COBRA Start ___/___/___ COBRA End: ___/___/___
   COBRA Extended: ☐ Yes ☐ No
   Group Name if Under COBRA: _____
   A ☐ Co-Pay - Amount: _____
   B ☐ Deductible - Amount: _____
2. Insurance Policy through: ☐ Current Employer ☐ Former Employer ☐ Union ☐ Self
3. Employer or Union Providing Insurance Coverage
   Name: _____
   Address: _____
   City, State, Zip: _____
   County: _____
   Contact Person: _____ Telephone No.: _____
4. Names of Other Individuals Covered by This Policy Besides Yourself:
   _____ _____
   _____ _____
   Family Coverage: ☐ Family ☐ Single ☐ Parent/Child
5. Name of Health Insurance Company: _____
   Address: _____
   City, State, Zip: _____
   County: _____ Policy Number: _____
   Telephone No.: _____ Group Number (If Applicable): _____
6. Premium Payments
   Amount of Premium Payment: $ _____
   ☐ Monthly ☐ Quarterly ☐ Other: _____
   Date Next Premium Payment Due: ___/___/___
   Premium Payments Should be Made Payable to: _____
   Premium Payments Should be Sent to:
   Name of Company: _____
   Address: _____
   City, State, Zip: _____

IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY THE HEALTH INSURANCE CONTINUATION PROGRAM (HICP) OF ANY CHANGE IN INSURANCE PREMIUM, POLICY TYPE, RESIDENCE ADDRESS, OR TELEPHONE NUMBER. ALSO, APPLICANT MUST SEND TO THE HICP THE ORIGINAL OF ALL PREMIUM NOTICES (BILLS) RECEIVED.